Elderly, Blind and Disabled (65+, 18-64)

Effective January 1, 2019-June 30, 2019



Service Description	Proc	Mod	Mod	Mod	Mod		Rate fective	Ef	Rate fective	Unit Value	Comments
	Code	#1	#2	#3	#4	07/	01/2018	01/	01/2019		
Adult Day Services											T
Basic	S5105	UC				\$	24.77	\$	24.77	1/2 Day	An individual unit is 4-5 hours per day
Specialized	S5105	UC	TF			\$	31.62	\$	31.62	1/2 Day	An individual unit is 3-5 hours per day
Adult Day Service Transp All types except Adult Day)8 trips	, or 10 ⁴	4 round	trips	per servi	ice p	lan year		
Taxi	A0100	UC	НВ			PU	C*	ΡU	C*	1 Way Trip	
Mobility Van											
Mobility Van-Mileage Band 1 (0-10 miles)	A0120	UC	НВ			\$	8.92	\$	9.46	1 Way Trip	
Mobility Van-Mileage Band 2 (11-20 miles)	A0120	UC	TT	НВ		\$	16.44	\$	17.44	1 Way Trip	
Mobility Van-Mileage Band 3 (over 20 miles)	A0120	UC	TN	НВ		\$	24.46	\$	25.95	1 Way Trip	
Wheelchair Van											
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC	НВ			\$	10.58	\$	11.23	1 Way Trip	
Wheelchair Van-Mileage Band 2 (11-20 miles)	A0130	UC	TT	НВ		\$	19.81	\$	21.02	1 Way Trip	
Wheelchair Van-Mileage Band 3 (over 20 miles)	A0130	UC	TN	НВ		\$	26.98	\$	28.63	1 Way Trip	
Assistive Technology- Extended	T2029	UC				NR ³	k	NR	*	Per Purchase	\$1,000.00 Maximum
Caregiver Education	S5110	UC				\$	12.19	\$	12.19	15 Minutes	
Community Transition Second Combined Maximum of \$10			ordinate	or and	Items F	urch	ased				
Coordinator	T2038	UC				NR	*	NR	*	Per Transition	\$3,800.00 per Transition, \$15,200 Maximum. Post- transition, up to 3 units for allowed for Extended Transition Services following Department approval.
Service Items	A9900	UC				NR ³	*	NR	*	Per Purchase	\$1,500.00 Maximum
Consumer Direct Attenda			vices	(CDAS	S)						
CDASS Homemaker	T2025	UC				\$	3.99	\$		15 Minutes	
CDASS Personal Care CDASS Health Maintenance	T2025 T2025	UC				\$	3.99 7.37	\$		15 Minutes 15 Minutes	
CDASS Per Member Per	Month. P	v FMS	Vendo	or						<u> </u>	<u> </u>
Morning Star Financial Services- FEA	T2040	UC				\$	103.21	\$	103.21	Month	
Public Partnerships, LLC- FEA	T2040	UC				\$	103.21	\$	103.21	Month	

** 1876 **

Version: 1.4

Date: 06/17/2019

Elderly, Blind and Disabled (65+, 18-64)

Effective January 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	late ective 1/2018	Effe	Rate ective 1/2019	Unit Value	Comments
Northeast PA Center for Independent Living- FEA	T2040	UC				\$	85.00	\$	85.00	Month	
Dental	D2999	UC				NR*		NR*		Per Procedure	\$8,000.00 Maximum
Home Delivered Meals	S5170	UC				\$	10.80	\$	10.80	Per Delivery/Meal	Time limited for CCT clients, may be provided more often during initial weeks after discharge from an institution
Home Modification	S5165	UC				NR*		NR*		Per Mod	\$14,000.00 Lifetime Maximum
Homemaker	S5130	UC				\$	4.38	\$	4.61	15 minutes	
In Home Support Service											
IHSS Health Maintenance	H0038	UC				\$	7.44	\$	7.44	15 minutes	
IHSS Homemaker	S5130	UC	KX			\$	4.38	\$	4.61	15 minutes	
IHSS Personal Care	T1019	UC	KX			\$	4.38	\$	4.61	15 minutes	
IHSS Relative Personal Care	T1019	UC	HR	KX		\$	4.38	\$	4.61	15 minutes	No limit on IHSS benefits provided by parents of adult children. All other relatives limited to 40 hours per week.
Independent Living Skills Training (ILST)	H2014	UC				\$	9.33	\$	9.33	15 Minutes	24 units per day maximum
Intensive Case Management	T1016	UC				\$	21.10	\$	21.10	15 Minutes	
Medication Reminder											
Install/Purchase	T2029	UC	TF			NR*		NR*		Per Purchase	1 unit = 1 purchase
Monitoring	S5185	UC				NR*		NR*		Month	1 unit = 1 month
Non Medical Transportat All types except Adult Day		ed to 20)8 trips	, or 10	1 round	l trips p	oer servi	ce pla	n year		
Taxi	A0100	UC				PUC	*	PUC	*	1 Way Trip	
Mobility Van											
Mobility Van-Mileage Band 1 (0-10 miles)	A0120	UC				\$	8.92	\$	9.46	1 Way Trip	
Mobility Van-Mileage Band 2 (11-20 miles)	A0120	UC	TT			\$	16.44	\$	17.44	1 Way Trip	
Mobility Van-Mileage Band 3 (over 20 miles)	A0120	UC	TN			\$	24.46	\$	25.95	1 Way Trip	
Wheelchair Van											
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC				\$	10.58	\$	11.23	1 Way Trip	
Wheelchair Van-Mileage Band 2 (11-20 miles)	A0130	UC	TT			\$	19.81	\$	21.02	1 Way Trip	



Elderly, Blind and Disabled (65+, 18-64)

Effective January 1, 2019-June 30, 2019



Service Description	Proc	Mod	Mod	Mod	Mod		Rate ective	Ef	Rate fective	Unit Value	Comments
	Code	#1	#2	#3	#4	07/0	1/2018	01/	01/2019		
Wheelchair Van-Mileage Band 3 (over 20 miles)	A0130	UC	TN			\$	26.98	\$	28.63	1 Way Trip	
Non-Medical Transportat	ion, Loca	al Publ	ic Trai	nsit							•
RTD Local	A0110	UC	TT			\$	-	\$	57.00	Monthly	
RTD Local- TFAD	A0110	UC	TT	НВ		\$	-	\$	57.00	Monthly	
RTD Local	A0110	UC	TK			\$	-	\$	14.00	10 Ride Book	
RTD Local- TFAD	A0110	UC	TK	НВ		\$	-	\$	14.00	10 Ride Book	
RTD Local	A0110	UC	TF			\$	-	\$	3.00	Day Pass	
RTD Local- TFAD	A0110	UC	TF	НВ		\$	-	\$	3.00	Day Pass	
RTD Local	A0110	S	TN			\$	-	\$		3 Hour Pass	
RTD Local- TFAD	A0110	UC	TN	НВ		\$	-	\$	1.50	3 Hour Pass	
RTD Local- Access A Ride	A0110	UC	SE			\$	-	\$	5.00	Single	
RTD Local- Access A Ride TFAD	A0110	UC	SE	НВ		\$	-	\$	5.00	Single	
RTD Local- Access A Ride	A0110	UC	TG			\$		\$	30.00	6 Ride Book	
RTD Local- Access A Ride TFAD	A0110	UC	TG	НВ		\$	-	\$	30.00	6 Ride Book	
Non-Medical Transportat	ion, Reg	ional F	ublic	Transit						<u> </u>	<u> </u>
RTD Regional	A0110	UC	CG			\$	-	\$	99.00	Monthly	
RTD Regional TFAD	A0110	UC	CG	НВ		\$	_	\$	99.00	Monthly	
RTD Regional	A0110	UC	TJ	1115		\$	-	\$	25.25	10 Ride Book	
RTD Regional TFAD	A0110	UC	TJ	НВ		\$	-	\$	25.25	10 Ride Book	
RTD Regional	A0110	UC	TU	1110		\$	-	\$		Day Pass	
RTD Regional TFAD	A0110	UC	TU	НВ		\$	-	\$		Day Pass	
RTD Regional	A0110	UC	EY			\$	-	\$		3 Hour Pass	
RTD Regional TFAD	A0110	UC	EY	НВ		\$	-	\$		3 Hour Pass	
RTD Regional- Access A Ride	A0110	UC	НС			\$	-	\$		Single	
RTD Regional TFAD- Access A Ride	A0110	UC	НС	НВ		\$	-	\$	9.00	Single	
Peer Mentorship	H2015	UC				\$	5.36	\$	5.36	15 Minutes	
Personal Care	T1019	UC				\$	4.38	\$	4.61	15 minutes	
Personal Care-Relative	T1019	UC	HR			\$	4.38	\$	4.61	15 minutes	Maximum reimbursement not to exceed 1776 units per year
Personal Emergency Res	•										
Install/Purchase	S5160	UC				NR*		NR		Purchase	1 unit = 1 purchase
Monitoring	S5161	UC				NR*		NR	*	Month	1 unit = 1 month
Respite Care Combined maximum of 30	days per	calend	dar yea	r for Re	espite (Care p	orovided i	in an	ACF, In I	Home, or a Nurs	ing Facility
ACF	S5151	UC				\$	58.39	\$	58.39	Day	
In-Home	S5150	UC				\$	4.99	\$	4.99	15 minutes	Not to exceed the Nursing Facility per diem for respite care (or 6.5 hours per day)
NF	H0045	UC				\$	130.21	\$	130.21	Day	

** 1876 **

Version: 1.4

Date: 06/17/2019

Elderly, Blind and Disabled (65+, 18-64)

Effective January 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate Effective 07/01/2018		Rate ffective /01/2019	Unit Value	Comments
Transitional Behavioral Health Services	H0025	UC				\$	25.31	\$	25.31	30 Minutes	
Vision Services	V2799	UC				\$	1.00	\$	1.00	Per Procedure	\$1,000 Maximum

	Legend
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this item/service
HB	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)
HF	Substance Abuse Program
HQ	Group Setting
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
KX	In Home Support Services (HCPCS Defn: Requirements specified in the medical policy have been met)
NR*	Negotiated Rate, will vary by client
PUC*	Public Utility Commission Determined Rate
SE	State and/or federally funded programs/services
TF	Intermediate Level of Care
TJ	Program group (HCPCS Defn: Child and/or adolescent)
TK	Extra patient or passenger, Non-Ambulance
TN	Outside Providers' customary service area
TT	Individualized service provided to more than one client in the same setting
TU	Special Payment Rate (HCPCS Defn: Overtime)
UC	Colorado Choice Transitions (HCPCS Defn: Medicaid Level of Care 12, as defined by each state)



Community Mental Health Supports

Effective January 1, 2019-June 30, 2019



Comice Description	Proc	Mod	Mod	Mod	Mod	-	Rate		Rate	Unit Value	Commonto
Service Description	Code	#1	#2	#3	#4		fective 01/2018		Effective 1/01/2019	Unit Value	Comments
Adult Day Services						017	0172010		170172010		
Basic	S5105	UC				\$	24.77	′ \$	24.77	1/2 Day	An individual unit is 4-5 hours per day
Specialized	S5105	UC	TF			\$	31.62	2 \$	31.62	1/2 Day	An individual unit is 3-5 hours per day
Adult Day Service Transp All types except Adult Day)8 trips	, or 10 ²	1 round	trips	6				
Taxi	A0100	UC	HB	<u> </u>		PU		ΤP	UC*	1 Way Trip	
Mobility Van										<u> </u>	
Mobility Van-Mileage Band 1 (0-10 miles)	A0120	UC	НВ			\$	8.92	2 \$	9.46	1 Way Trip	
Mobility Van-Mileage Band 2 (11-20 miles)	A0120	UC	TT	НВ		\$	16.44	\$	17.44	1 Way Trip	
Mobility Van-Mileage Band 3 (over 20 miles)	A0120	UC	TN	НВ		\$	24.46	\$	25.95	1 Way Trip	
Wheelchair Van											
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC	НВ			\$	10.58	\$	11.23	1 Way Trip	
Wheelchair Van-Mileage Band 2 (11-20 miles)	A0130	UC	TT	НВ		\$	19.81	\$	21.02	1 Way Trip	
Wheelchair Van-Mileage Band 3 (over 20 miles)	A0130	UC	TN	НВ		\$	26.98	\$	28.63	1 Way Trip	
Assistive Technology- Extended	T2029	UC				NR	*	N	R*	Per Purchase	\$1,000.00 Maximum
Caregiver Education	S5110	UC				\$	12.19	\$	12.19	15 Minutes	
Community Transition Se) la					
Combined Maximum of \$10	6,700.00	TOT CO	ordinati	or and	items F	urcr	iased	_		T	T
Coordinator	T2038	UC				NR	*	N	R*	Per Transition	\$3,800.00 per Transition, \$15,200 Maximum. Post- transition, up to 3 units for allowed for Extended Transition Services following Department approval.
Service Items	A9900	UC				NR	*	Ν	IR*	Per Purchase	\$1,500.00 Maximum
Consumer Directed Atter			(CDAS	SS)							
CDASS Homemaker	T2025	UC				\$	3.99			15 Minutes	
CDASS Personal Care CDASS Health Maintenance	T2025 T2025	UC				\$	3.99 7.37			15 Minutes 15 Minutes	
CDASS Per Member Per	Month P	v FMS	Vend	or						<u> </u>	
Morning Star Financial Services- FEA	T2040	UC	Tonia			\$	103.21	\$	103.21	Month	
Public Partnerships, LLC- FEA	T2040	UC				\$	103.21	\$	103.21	Month	

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. www.colorado.gov/hcpf



Version: 1.4 Date: 06/17/2019

Version: 1.4

Date: 06/17/2019

Community Mental Health Supports

Effective January 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective		Effe	Rate ective	Unit Value	Comments
	Oouc	# I	π L	#5	<i>11-</i> 4	07/0	1/2018	01/0	1/2019		
Northeast PA Center for Independent Living- FEA	T2040	UC				\$	85.00	\$	85.00	Month	
Dental	D2999	UC				NR*		NR*		Per Procedure	\$8,000.00 Maximum
Home Delivered Meals	S5170	UC				\$	10.80	\$	10.80	Per Delivery	Time limited for CCT clients, may be provided more often during initial weeks after discharge from an institution
Home Modification	S5165	UC				NR*		NR*		Per Mod	\$10,000.00 Maximum
Homemaker	S5130	UC				\$	4.38	\$	4.61	15 Minutes	
Independent Living Skills Training	H2014	UC				\$	9.33	\$	9.33	15 Minutes	24 units per day maximum
Intensive Case Management	T1016	UC				\$	21.10	\$	21.10	15 Minutes	
Medication Reminder											
Install/Purchase	T2029	UC	TF			NR*		NR*		Per Purchase	1 unit = 1 purchase
Monitoring	S5185	UC				NR*		NR*		Month	1 unit = 1 month
Non Medical Transportat											
All types except Adult Day)8 trips	, or 10 ²	1 round					•	
Taxi	A0100	UC				PUC	*	PUC	*	1 Way Trip	
Mobility Van											
Mobility Van-Mileage Band 1 (0-10 miles)	A0120	UC				\$	8.92	\$	9.46	1 Way Trip	
Mobility Van-Mileage Band 2 (11-20 miles)	A0120	UC	Τ			\$	16.44	\$	17.44	1 Way Trip	
Mobility Van-Mileage Band 3 (over 20 miles)	A0120	UC	TN			\$	24.46	\$	25.95	1 Way Trip	
Wheelchair Van											
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC				\$	10.58	\$	11.23	1 Way Trip	
Wheelchair Van-Mileage Band 2 (11-20 miles)	A0130	UC	TT			\$	19.81	\$	21.02	1 Way Trip	
Wheelchair Van-Mileage Band 3 (over 20 miles)	A0130	UC	TN			\$	26.98	\$	28.63	1 Way Trip	
Non-Medical Transportat	ion, Loc	al Publ	ic Trai	nsit							
RTD Local	A0110	UC	TT			\$	-	\$		Monthly	
RTD Local- TFAD	A0110	UC	TT	HB		\$	-	\$		Monthly	
RTD Local	A0110	UC	TK			\$	-	\$		10 Ride Book	
RTD Local- TFAD	A0110	UC	TK	НВ		\$	-	\$		10 Ride Book	
RTD Local	A0110	UC	TF			\$	-	\$		Day Pass	
RTD Local- TFAD	A0110	UC	TF	НВ		\$	-	\$		Day Pass	
RTD Local	A0110	UC	TN	- 15		\$	-	\$		3 Hour Pass	
RTD Local- TFAD	A0110	UC	TN	НВ		\$	-	\$	1.50	3 Hour Pass	
RTD Local- Access A Ride	A0110	UC	SE			\$	-	\$	5.00	Single	

* 1876 *

Community Mental Health Supports

Effective January 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2018	Eff	Rate ective 01/2019	Unit Value	Comments
RTD Local- Access A Ride TFAD	A0110	UC	SE	НВ		\$	-	\$	5.00	Single	
RTD Local- Access A Ride	A0110	UC	TG			\$	-	\$	30.00	6 Ride Book	
RTD Local- Access A Ride TFAD	A0110	UC	TG	НВ		\$		\$	30.00	6 Ride Book	
Non-Medical Transportat	ion, Reg	ional F	Public T	Fransit							
RTD Regional	A0110	UC	CG			\$	-	\$	99.00	Monthly	
RTD Regional TFAD	A0110	UC	CG	НВ		\$	-	\$	99.00	Monthly	
RTD Regional	A0110	UC	TJ			\$	-	\$	25.25	10 Ride Book	
RTD Regional TFAD	A0110	UC	TJ	HB		\$	-	\$	25.25	10 Ride Book	
RTD Regional	A0110	UC	TU			\$	-	\$	5.25	Day Pass	
RTD Regional TFAD	A0110	UC	TU	HB		\$	-	\$		Day Pass	
RTD Regional	A0110	UC	EY			\$	-	\$	2.60	3 Hour Pass	
RTD Regional TFAD	A0110	UC	EY	HB		\$	-	\$	2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	UC	НС			\$	-	\$	9.00	Single	
RTD Regional TFAD- Access A Ride	A0110	UC	НС	НВ		\$	-	\$	9.00	Single	
Peer Mentorship	H2015	UC				\$	5.36	\$	5.36	15 minutes	
Personal Care	T1019	UC				\$	4.38	\$		15 minutes	
Personal Care-Relative	T1019	UC	HR			\$	4.38	\$		15 minutes	Maximum reimbursement not to exceed 1776 units per year
Personal Emergency Res	sponse S	ystem	(PERS	5)							
Install/Purchase	S5160	UC				NR*		NR*		Per Purchase	1 unit = 1 purchase
Monitoring	S5161	UC				NR*		NR*		Month	1 unit = 1 month
Combined maximum of 30	days per	calend	dar yea	r for Re	espite (Care p	rovided i	in an <i>i</i>	ACF or a	Nursing Facility	
Alternative Care Facility (ACF)	S5151	UC				\$	58.39	\$	58.39	Day	
Nursing Facility	H0045	UC				\$	130.21	\$	130.21	Day	
Transitional Behavioral Health Services	H0025	UC				\$	25.31	\$	25.31	30 Minutes	
Vision Services	V2799	UC				\$	1.00	\$	1.00	Per Procedure	\$1,000 Maximum

	Legend
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this item/service
HB	To and From Adult Day (HCPSC Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)
HF	Substance Abuse Program
HQ	Group Setting
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
NR*	Negotiated Rate, will vary by client
PUC*	Public Utility Commission Determined Rate
SE	State and/or federally funded programs/services
TF	Intermediate Level of Care
TJ	Program group (HCPCS Defn: Child and/or adolescent)
TK	Extra patient or passenger, Non-Ambulance



Version: 1.4

Date: 06/17/2019

Community Mental Health Supports





Effective January 1, 2019-June 30, 2019

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2018	Rate Effective 01/01/2019	Unit Value	Comments	
TN	Outside	Provid	ders' c	ustoma	ary ser	vice area				
TT	Individu	alized	servic	e prov	ided to	more than or	ne client in th	e same setting		
TU	Special	Payme	nt Rat	e (HCF	PCS De	fn: Overtime)		•		
UC	Colorado Choice Transitions (HCPCS Defn: Medicaid Level of Care 12, as defined by each state)									

** I876 **

Brain Injury

Version: 1.4

Date: 06/17/2019

Effective January 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate fective 01/2018	_	Rate ffective /01/2019	Unit Value	Comments
Adult Day Services	S5102	UC				\$	52.14	\$	52.14	Day	At least 2 or more hours of attendance 1 or more days per week
Adult Day Service Transp All types except Adult Day)4 trips	. or 104	4 round	trips					
Taxi	A0100	UC	НВ		round		PUC*	Г	PUC*	1 Way Trip	
Mobility Van				•						· · · · · · · · · · · · · · · · · · ·	
Mobility Van-Mileage Band 1 (0-10 miles)	A0120	UC	НВ			\$	8.92	\$	9.46	1 Way Trip	
Mobility Van-Mileage Band 2 (11-20 miles)	A0120	UC	TT	НВ		\$	16.44	\$	17.44	1 Way Trip	
Mobility Van-Mileage Band 3 (over 20 miles)	A0120	UC	TN	НВ		\$	24.46	\$	25.95	1 Way Trip	
Wheelchair Van											
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC	НВ			\$	10.58	\$	11.23	1 Way Trip	
Wheelchair Van-Mileage Band 2 (11-20 miles)	A0130	UC	TT	НВ		\$	19.81	\$	21.02	1 Way Trip	
Wheelchair Van-Mileage Band 3 (over 20 miles)	A0130	UC	TN	НВ		\$	26.98	\$	28.63	1 Way Trip	
Assistive Technology	T2029	UC	НВ			NR*	:	NR	*	Per Purchase	
Behavioral Programming	H0025	UC	TF			\$	14.71	\$	14.71	30 Minutes	
Caregiver Education	S5110	UC				\$	12.19	\$	12.19	15 Minutes	
Community Transition Second Combined Maximum of \$10			ordinato	or and	Items F	urch	ased				
Coordinator	T2038	UC				NR*		NR		Per Transition	\$3,800.00 per Transition, \$15,200 Maximum. Post- transition, up to 3 units for allowed for Extended Transition Services following Department approval.
Items Purchased	A9900	UC		<u> </u>		NR*	•	NR	*	Per Purchase	\$1,500.00 Maximum
CDASS Hamamakar			nd Serv	vices (CDASS		2.00	C	4.20	15 minutes	T
CDASS Homemaker CDASS Personal Care	T2025 T2025	UC				\$	3.99 3.99	\$		15 minutes 15 Minutes	
CDASS Health Maintenance	T2025	UC				\$	7.37	\$		15 minutes	
CDASS Per Member Per	Month, B	y FMS	Vendo	or							
Morning Star Financial Services- FEA	T2040	UC				\$	103.21	\$	103.21	Month	
Public Partnerships, LLC- FEA	T2040	UC				\$	103.21	\$	103.21	Month	
Northeast PA Center for Independent Living- FEA	T2040	UC				\$	85.00	\$	85.00	Month	

* IST6 *

Brain Injury

Version: 1.4

Date: 06/17/2019

Effective January 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	Rate ective 1/2018	Effe	Rate ective 1/2019	Unit Value	Comments	
Day Treatment	H2018	UC				\$	82.72	\$	82.72	Day	At least 2 or more hours of attendance 1 or more days per week	
Dental	D2999	UC				NR*		NR*		Per Procedure	\$8,000.00 Lifetime Maximum, Demonstration Service	
Home Delivered Meals	S5170	UC				\$	10.80	\$	10.80	Per Delivery/ Meal	Time limited for CCT clients, may be provided more often during initial weeks after discharge from an institution	
Home Modifications	S5165	UC				NR*		NR*		Per Mod	\$14,000.00 Lifetime Maximum	
Intensive Case Management	T1016	UC				\$	21.10	\$	21.10	15 Minutes		
Independent Living Skills Training (ILST)	T2013	UC				\$	26.14	\$	26.79	Hour		
Mental Health Counselin Must obtain Department ap	_	ver 30 (cumula	ıtive vis	its of c	ounse	ling					
Family	H0004	UC	HR			\$	15.19	\$	15.19	15 minutes		
Group	H0004	UC	HQ			\$	8.51	\$	8.51	15 minutes		
Individual	H0004	UC				\$	15.19	\$	15.19	15 minutes		
Non-Medical Transportation All types except Adult Day are limited to 204 trips, or 104 round trips												
Taxi	A0100	UC				Р	UC*	Р	UC*	1 Way Trip		
Mobility Van												
Mobility Van-Mileage Band 1 (0-10 miles)	A0120	UC				\$	8.92	\$	9.46	1 Way Trip		
Mobility Van-Mileage Band 2 (11-20 miles)	A0120	UC	TT			\$	16.44	\$	17.44	1 Way Trip		
Mobility Van-Mileage Band 3 (over 20 miles)	A0120	UC	TN			\$	24.46	\$	25.95	1 Way Trip		
Wheelchair Van												
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC				\$	10.58	\$	11.23	1 Way Trip		
Wheelchair Van-Mileage Band 2 (11-20 miles)	A0130	UC	TT			\$	19.81	\$	21.02	1 Way Trip		
Wheelchair Van-Mileage Band 3 (over 20 miles)	A0130	UC	TN			\$	26.98	\$	28.63	1 Way Trip		
Non-Medical Transportat				nsit								
RTD Local	A0110	UC	TT			\$	-	\$		Monthly		
RTD Local- TFAD	A0110	UC	TT	НВ		\$	-	\$		Monthly		
RTD Local	A0110	UC S	TK	110		\$	-	\$		10 Ride Book		
RTD Local- TFAD RTD Local	A0110 A0110	UC	TK TF	HB		\$	-	\$		10 Ride Book Day Pass		
RTD Local	A0110	UC	TF	НВ		\$	-	\$		Day Pass Day Pass		
TTD LOUGI- II AD	7.0110	50	'''	טוי		Ψ	-	Ψ	3.00	Day 1 ass		

* 1876 *

Brain Injury

Effective January 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 1/2018	Eff	Rate ective 01/2019	Unit Value	Comments
RTD Local	A0110	UC	TN			\$	-	\$	1.50	3 Hour Pass	
RTD Local- TFAD	A0110	UC	TN	НВ		\$	-	\$		3 Hour Pass	
RTD Local- Access A Ride	A0110	UC	SE			\$	-	\$	5.00	Single	
RTD Local- Access A Ride TFAD	A0110	UC	SE	НВ		\$	-	\$	5.00	Single	
RTD Local- Access A Ride	A0110	UC	TG			\$	-	\$	30.00	6 Ride Book	
RTD Local- Access A Ride TFAD	A0110	UC	TG	НВ		\$	-	\$	30.00	6 Ride Book	
Non-Medical Transportat	ion, Reg	ional F	Public 7	Γransit							
RTD Regional	A0110	UC	CG			\$	-	\$		Monthly	
RTD Regional TFAD	A0110	UC	CG	HB		\$	-	\$		Monthly	
RTD Regional	A0110	UC	TJ			\$	-	\$		10 Ride Book	
RTD Regional TFAD	A0110	UC	TJ	HB		\$	-	\$		10 Ride Book	
RTD Regional	A0110	UC	TU			\$	-	\$		Day Pass	
RTD Regional TFAD	A0110	S	TU	HB		\$	-	\$		Day Pass	
RTD Regional	A0110	UC	EY			\$	-	\$		3 Hour Pass	
RTD Regional TFAD	A0110	UC	EY	НВ		\$	-	\$	2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	UC	HC			\$	-	\$	9.00	Single	
RTD Regional TFAD- Access A Ride	A0110	UC	НС	НВ		\$	-	\$	9.00	Single	
Peer Mentorship	H2015	UC				\$	5.36	\$	5.36	15 Minutes	
Personal Care	T1019	UC	TG			\$	4.38	\$	4.61	15 minutes	Not to exceed 10 hours per day
Personal Care-Relative	T1019	UC	HR	TG		\$	4.38	\$	4.61	15 minutes	Maximum reimbursement not to exceed 1776 units per year
Personal Emergency Res		_	(PERS	5)							•
Installation	S5160	UC				NR*		NR*		Per Purchase	1 unit = 1 purchase
Monitoring	S5161	UC				NR*		NR*		Month	1 unit = 1 month
Respite Care											
In Home	S5150	UC				\$	4.99	\$	4.99	15 minutes	All inclusive of client's needs; not to exceed 8 hours per day
NF	H0045	UC	TF			\$	123.20	\$	123.20	Day	
Substance Abuse Couns	eling										<u> </u>
Family	T1006	UC	HR	HF		\$	60.84	\$	60.84	Hour	
Group	H0047	UC	HQ	TF	HF	\$	34.09	\$		Hour	
Individual	H0047	UC	TF	HF		\$	60.84	\$	60.84		

	Legend
CG	Policy criteria applied
EY	HCPCS Definition: No physician or other licensed health care provider order for this item/service
FS*	Facility Specific rate determined using acuity scores by the Dept.
НВ	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HC	Adult Program (HCPCS Defn: Geriatric)
HE	Mental Health Program
HF	Substance Abuse Program
HK	Specialized Mental Health Program for High-Risk Populations



Brain Injury

Effective January 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2018	Rate Effective 01/01/2019	Unit Value	Comments				
HQ	Group S	etting											
HR	Relative	provid	ding ca	are (HC	PCS D	efn: Family/Co	ouple with clier	nt present)					
KX	In Home	Supp	ort Ser	rvices	(HCPC	S Defn: Requi	rements specif	ied in the medic	al policy have been met)				
NR*	Negotia	ted Ra	te, will	vary b	y clier	ıt							
SE	State an	d/or fe	derall	y funde	ed prog	grams/service	s						
TF	Interme	diate L	evel of	f Care									
TG	Comple	x/High	Tech I	Level c	of Care								
TJ	Progran	n grou) (HCP	CS De	fn: Chi	ld and/or adole	scent)						
TK	Extra pa	itient c	r pass	enger,	Non-A	Ambulance							
TN	Outside	Provid	ders' c	ustoma	ary ser	vice area							
TT	Individualized service provided to more than one client in the same setting												
TU	Special	Payme	nt Rat	e (HCF	PCS De	fn: Overtime)	•						
UC	Colorad	o Choi	ce Tra	nsitior	ոs (HC	CS Defn: Medicaid Level of Care 12, as defined by each state)							

Developmental Disabilities

Effective January 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	ate ective 1/2018	Eff	Rate ective 1/2019	Unit Value	Comments
Assistive Technology- Extended	T2029	UC				NR*		NR*		Per Purchase	\$1,000.00 Maximum
Behavioral Services											
Behavioral Line Staff	H2019	UC				\$	6.79	\$	6.79	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	UC	HI	TG		\$	25.54	\$	25.54	15 Minutes	Maximum of 80 units per service plan year
Behavioral Counseling- Individual	H2019	UC	TF	TG		\$	25.54	\$	25.54	15 Minutes	Maximum of 208 units combined Individual and
Behavioral Counseling Group	H2019	UC	TF	HQ		\$	8.61	\$	8.61	15 Minutes	Group, per Service Plan year.
Behavioral Plan Assessment	T2024	UC	HI			\$	25.54	\$	25.54	15 Minutes	Maximum of 40 units per Service Plan year.
Caregiver Education	S5110	UC				\$	12.19	\$	12.19	15 Minutes	
Community Transition Se											
Combined Maximum of \$1	6,700.00	for Cod	ordinate	or and	Items F	Purchas	sed				1
Coordinator	T2038	UC				NR*		NR*		Per Transition	\$3,800.00 per Transition, \$15,200 Maximum. Post- transition, up to 3 units for allowed for Extended Transition Services following Department approval.
Items Purchased	A9900	UC				NR*		NR*		Per Purchase	\$1,500.00 Maximum
Day Rehabilitation Maximum units of Speciali is 7112 units per service p Prevocational Services and	lan year;	Maxim	um con	nbined	units o	f Spec	ialized F	Habilit	ation, Su		
Specialized Habilitation Level 1	T2021	UC	HQ			\$	2.41	\$	2.41	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 2	T2021	UC	HI	HQ		\$	2.66	\$	2.66	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 3	T2021	UC	TF	HQ		\$	2.96	\$	2.96	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 4	T2021	UC	TF	HI	HQ	\$	3.48	\$	3.48	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 5	T2021	UC	TG	HQ		\$	4.31	\$	4.31	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 6	T2021	UC	TG	HI	HQ	\$	6.19	\$	6.19	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 7	T2021	UC	sc	HQ		\$	9.75	\$	9.75	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 1	T2021	UC				\$	2.94	\$	2.94	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 2	T2021	UC	Н			\$	3.21	\$	3.21	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 3	T2021	UC	TF			\$	3.63	\$	3.63	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 4	T2021	UC	TF	HI		\$	4.17	\$	4.17	15 Minutes	Maximum 4,800 units

OF COLOR

Developmental Disabilities

Version: 1.4

Date: 06/17/2019

Effective January 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	Rate fective 01/2018		Rate fective 01/2019	Unit Value	Comments
Supported Community Connections Level 5	T2021	UC	TG			\$	5.02	\$	5.02	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 6	T2021	UC	TG	HI		\$	6.60	\$	6.60	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 7	T2021	UC	SC			\$	9.75	\$	9.75	15 Minutes	Maximum 4,800 units
Dental	D2999	UC	НІ			\$	-	\$	-		Please refer to DIDD Dental Fee Schedule for rates
Intensive Case Management	T1016	UC				\$	21.10	\$	21.10	15 Minutes	
Non Medical Transportat Maximum of 508 trips (all		ands) į	oer Ser	vice Pl	an yea	r.					
Transportation Mileage Band 1 (0-10 Miles)	T2003	UC				\$	6.20	\$	6.58	1 Trip	
Transportation Mileage Band 2 (11-20 Miles)	T2003	UC	Ī			\$	12.98	\$	13.77	1 Trip	
Transportation Mileage Band 3 (over 20 miles)	T2003	UC	TF			\$	19.76	\$	20.97	1 Trip	
Other (public conveyance)	T2004	UC				\$	1.00	\$	1.00	Dollar	A dollar per unit for the cost of a bus pass or other public conveyance may only be used when it is more cost effective than or equivalent to the applicable mileage band.
Peer Mentorship	H2015	UC				\$	5.36	\$	5.36	15 Minutes	
Prevocational Services Maximum units of Speciali is 7112 units per service p Prevocational Services an Prevocational Services	lan year; d Suppor I	Maxim ted Em	um con ployme	nbined	units o	f Spe its pe	ecialized her service	labil plan	itation, Su year	ipported Commi	unity Connections,
Level 1 Prevocational Services	T2015	UC	HQ			\$	2.41	\$	2.41	15 Minutes	Maximum 4,800 units
Level 2	T2015	UC	HI	HQ		\$	2.66	\$	2.66	15 Minutes	Maximum 4,800 units
Prevocational Services Level 3	T2015	UC	TF	HQ		\$	2.96	\$	2.96	15 Minutes	Maximum 4,800 units
Prevocational Services Level 4	T2015	UC	TF	HI	HQ	\$	3.48	\$	3.48	15 Minutes	Maximum 4,800 units
Prevocational Services Level 5	T2015	UC	TG	HQ		\$	4.31	\$	4.31	15 Minutes	Maximum 4,800 units
Prevocational Services Level 6	T2015	UC	TG	HI	HQ	\$	6.19	\$	6.19	15 Minutes	Maximum 4,800 units
Residential Services											
Group Home Level 1	T2016	UC	HQ			\$	90.41	\$	90.41	Day	
Group Home Level 2	T2016	UC	HI	HQ		\$	118.99	\$		Day	
Group Home Level 3	T2016	UC	TF	HQ		\$	140.18	\$	140.18	Day	

* I 876 *

Developmental Disabilities

Effective January 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2018	Rate Effective 01/01/2019	Unit Value	Comments
Group Home Level 4	T2016	UC	TF	Н	HQ	\$ 165.60	\$ 165.60	Day	
Group Home Level 5	T2016	UC	TG	HQ		\$ 182.93	\$ 182.93	Day	
Group Home Level 6	T2016	UC	TG	Η	HQ	\$ 216.46	\$ 216.46	Day	
Group Home Level 7	T2016	UC	SC	HQ		NR*	NR*	Day	
Personal Care Alternative Level 1	T2016	UC				\$ 66.46	\$ 66.46	Day	
Personal Care Alternative Level 2	T2016	UC	Ħ			\$ 107.39	\$ 107.39	Day	
Personal Care Alternative Level 3	T2016	S	TF			\$ 131.22	\$ 131.22	Day	
Personal Care Alternative Level 4	T2016	S	TF	Ī		\$ 159.76	\$ 159.76	Day	
Personal Care Alternative Level 5	T2016	S	TG			\$ 183.58	\$ 183.58	Day	
Personal Care Alternative Level 6	T2016	UC	TG	Ξ		\$ 230.71	\$ 230.71	Day	
Personal Care Alternative Level 7	T2016	S	S			NR*	NR*	Day	
Host Home Level 1	T2016	UC	TT			\$ 61.64	\$ 61.64	Day	
Host Home Level 2	T2016	UC	Н	TT		\$ 99.60	\$ 99.60	Day	
Host Home Level 3	T2016	UC	TF	TT		\$ 121.68	\$ 121.68	Day	
Host Home Level 4	T2016	UC	TF	Η	TT	\$ 148.17	\$ 148.17	Day	
Host Home Level 5	T2016	UC	TG	TT		\$ 170.25	\$ 170.25	Day	
Host Home Level 6	T2016	UC	TG	Н	TT	\$ 213.98	\$ 213.98	Day	
Host Home Level 7	T2016	UC	SC	TT		NR*	NR*	Day	
Cupperted Employment									

Supported Employment

Version: 1.4

Date: 06/17/2019

Maximum units of Specialized Habilitation, Supported Community Connections, Prevocational Services, and Supported Employment is 7112 units per service plan year; Maximum combined units of Specialized Habilitation, Supported Community Connections, Prevocational Services and Supported Employment is 4800 units per service plan year

revocational Services and Supported Employment is 4800 units per service plan year													
Supported Employment Group Level 1	T2019	UC	HQ			\$	3.23	\$	3.23	15 Minutes			
Supported Employment Group Level 2	T2019	UC	Ξ	HQ		\$	3.55	\$	3.55	15 Minutes			
Supported Employment Group Level 3	T2019	UC	TF	HQ		\$	3.94	\$	3.94	15 Minutes			
Supported Employment Group Level 4	T2019	UC	TF	H	HQ	\$	4.56	\$	4.56	15 Minutes			
Supported Employment Group Level 5	T2019	UC	TG	HQ		\$	5.44	\$	5.44	15 Minutes			
Supported Employment Group Level 6	T2019	UC	TG	Ξ	HQ	\$	7.11	\$	7.11	15 Minutes			
Supported Employment Individual-All Levels	T2019	UC	SC			\$	13.33	\$	13.33	15 Minutes			
Job Development Group- All Levels	H2023	UC	HQ			\$	4.25	\$	4.25	15 Minutes			
Job Development Levels 1-2	H2023	UC				\$	13.33	\$	13.33	15 Minutes			
Job Development Levels 3-4	H2023	UC	Ī			\$	13.33	\$	13.33	15 Minutes			
Job Development Levels 5-6	H2023	UC	TF			\$	13.33	\$	13.33	15 Minutes			
Job Placement	H2024	UC				\$	1.00	\$	1.00	Dollar			

OF COLOR

Developmental Disabilities

Version: 1.4

Date: 06/17/2019

Effective January 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	Rate Effective 07/01/2018		Rate ective 01/2019	Unit Value	Comments
Job Placement Group	H2024	UC	HQ			\$	1.00	\$	1.00	Dollar	
Specialized Medical Equ	ipment a	nd Sup	plies								
Disposable	T2028	UC				\$	1.00	\$	1.00	Dollar	Services may be authorized by a CCB up the DDD pre-established
Equipment	T2029	UC	TF			\$	1.00	\$	1.00	Dollar	thresholds, beyond which DDD prior authorization is required.
Vision	V2799	UC	HI			\$	1.00	\$	1.00	Per Procedure	\$1,000.00 Maximum

	Legend
HF	Substance Abuse Program
HI	Integrated Mental Health/Intellectual and Developmental Disabilities program
HQ	Group Setting
NR*	Negotiated Rate, will vary by client
SC	Medically Necessary Service or Supply
TF	Intermediate Level of Care
TG	Complex/High Tech Level of Care
TT	Individualized service provided to more one patient in the same setting
UC	Colorado Choice Transitions (HCPCS Defn: Medicaid Level of Care 12, as defined by each state)



Supported Living Services

Version: 1.4

Date: 06/17/2019

Effective January 1, 2019-June 30, 2019



Service Description	Proc	Mod	Mod	Mod	Mod		Rate ective		Rate ective	Unit Value	Comments
Service Description	Code	#1	#2	#3	#4		1/2018		1/2019	Offic Value	Comments
Assistive Technology	T2035	UC				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19)
Behavioral Services	ı									T	Marrian at 000 units non
Behavioral Line Staff	H2019	UC				\$	6.79	\$	6.79	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	UC	Ξ	TG		\$	25.54	\$	25.54	15 Minutes	Maximum of 80 units per service plan year
Behavioral Counseling Individual	H2019	UC	TF	TG		\$	25.54	\$	25.54	15 Minutes	Maximum of 208 units combined Individual and
Behavioral Counseling Group	H2019	UC	TF	HQ		\$	8.61	\$	8.61	15 Minutes	Group, per Service Plan year.
Behavioral Plan Assessment	T2024	UC	HI			\$	25.54	\$	25.54	15 Minutes	Maximum of 40 units per Service Plan year.
Caregiver Education	S5110	UC				\$	12.19	\$	12.19	15 Minutes	
Community Transition Se	•	•									
Combined Maximum of \$1	6,700.00	for Cod	ordinate	or and	Items F	Purcha	sed				
Coordinator	T2038	UC				NR*		NR*		Per Transition	\$3,800.00 per Transition, \$15,200 Maximum. Post- transition, up to 3 units for allowed for Extended Transition Services following Department approval.
Items Purchased	A9900	UC				NR*		NR*		Per Purchase	\$1,500.00 Maximum
Day Habilitation Maximum of 7,112 combin Supported Employment pe				Habilit	ation, S	Suppoi	rted Con	nmunit	ty Conne	ections, Prevoca	tional Services, and
Specialized Habilitation Level 1	T2021	UC	HQ			\$	2.41	\$	2.41	15 Minutes	
Specialized Habilitation Level 2	T2021	UC	Ξ	HQ		\$	2.66	\$	2.66	15 Minutes	
Specialized Habilitation Level 3	T2021	UC	TF	HQ		\$	2.96	\$	2.96	15 Minutes	
Specialized Habilitation Level 4	T2021	UC	TF	Ī	Ħ	\$	3.48	\$	3.48	15 Minutes	
Specialized Habilitation Level 5	T2021	UC	TG	HQ		\$	4.31	\$	4.31	15 Minutes	
Specialized Habilitation Level 6	T2021	UC	TG	Ħ	HQ	\$	6.19	\$	6.19	15 Minutes	
Supported Community Connections Level 1	T2021	UC				\$	2.94	\$	2.94	15 Minutes	
Supported Community Connections Level 2	T2021	UC	Н			\$	3.21	\$	3.21	15 Minutes	

\$\frac{1}{2} \\ \frac{1}{2} \\ \frac

Supported Living Services

Version: 1.4

Date: 06/17/2019

Effective January 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2018		Rate fective 01/2019	Unit Value	Comments
Supported Community Connections Level 3	T2021	UC	TF			\$	3.63	\$	3.63	15 Minutes	
Supported Community Connections Level 4	T2021	UC	TF	Н		\$	4.17	\$	4.17	15 Minutes	
Supported Community Connections Level 5	T2021	UC	TG			\$	5.02	\$	5.02	15 Minutes	
Supported Community Connections Level 6	T2021	UC	TG	HI		\$	6.60	\$	6.60	15 Minutes	
Dental	D2999	UC	НІ			\$	-	\$	-		Please refer to DIDD Dental Fee Schedule for rates
Home Accessibility Adaptations	S5165	UC				\$	1.00	\$\$	1.00	Dollar	Maximum \$10,000.00 for combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations combined per waiver renewal period (07/01/2014-06/30/2019)
Homemaker											
Basic	S5130	UC	HI			\$	4.31	\$	4.54	15 Minutes	
Enhanced	S5130	SC	TF			\$	6.21	\$	6.54	15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to the individual behavioral or medical needs.
Independent Living Skills Training (ILST)	H2014	UC				\$	9.33	\$	9.33	15 Minutes	24 units per day maximum
Intensive Case Management	T1016	UC				\$	21.10	\$	21.10	15 Minutes	
Mentorship	H2021	UC				\$	10.24	\$	10.24	15 Minutes	Maximum of 192 units/year.
Non Medical Transportat Maximum of 208 trips (all r		ands) r	oer Ser	vice Pl	an vea	r					
Mileage Band 1 (0-10 Miles)	T2003	UC	3. 001		y oa	\$	6.20	\$	6.58	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	UC	НІ			\$	12.98	\$	13.77	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	UC	TF			\$	19.76	\$	20.97	1 Trip	
Mileage not in Day Program	T2003	UC	НВ			\$	6.20	\$	6.58	4 Trips per week	4 Trips Per Week (Mileage band 1)



Supported Living Services

Version: 1.4

Date: 06/17/2019

Effective January 1, 2019-June 30, 2019



	Proc	Mod	Mod	Mod	Mod		Rate		Rate		
Service Description	Code	#1	#2	#3	#4		fective 01/2018		ffective /01/2019	Unit Value	Comments
Other (public conveyance)	T2004	UC				\$	1.00	\$		Dollar	A dollar per unit for the cost of a bus pass or other public conveyance may only be used when it is more cost effective than or equivalent to the applicable mileage band.
Personal Emergency Response System (PERS)	S5161	UC				\$	1.00	\$	1.00	Dollar	
Personal Care	T1019	UC	TF			\$	5.02	\$	5.02	15 Minutes	
Prevocational Services Maximum combined units per year.	of Specia	lized H	abilitat	ion, Su	pported	d Co	mmunity (Conr	nections a	nd Supported Er	nployment is 7,112 units
Prevocational Services Level 1	T2015	UC	HQ			\$	2.41	\$	2.41	15 Minutes	
Prevocational Services Level 2	T2015	UC	Ξ	HQ		\$	2.66	\$	2.66	15 Minutes	
Prevocational Services Level 3	T2015	UC	TF	HQ		\$	2.96	\$	2.96	15 Minutes	
Prevocational Services Level 4	T2015	UC	TF	HI	HQ	\$	3.48	\$	3.48	15 Minutes	
Prevocational Services Level 5	T2015	UC	TG	HQ		\$	4.31	\$	4.31	15 Minutes	
Prevocational Services Level 6	T2015	SC	TG	H	HQ	\$	6.19	\$	6.19	15 Minutes	
Professional Services											
Massage Therapy	97124	UC				\$	19.10	\$	19.10	15 Minutes	
Movement Therapy Bachelors	G0176	UC	HN			\$	15.93	\$	15.93	15 Minutes	
Movement Therapy Masters	G0176	UC				\$	23.34	\$	23.34	15 Minutes	
Hippotherapy Individual	S8940	UC				\$	21.22	\$		15 Minutes	
Hippotherapy Group	S8940	UC	HQ			\$	9.02	\$		15 Minutes	
Rec Pass Access Fee Respite Care	S5199	UC				\$	1.00	\$	1.00	Dollar	
veshire cale	1										The heating US
Individual	S5150	UC	TG			\$	5.07	\$	5.07	15 Minutes	Use Individual Day rate when Respite services exceed 40 units (10
Individual Day	S5151	UC	TG			\$	202.69	\$	202.69	1 Day	hours) in a 24 hour period.
Group	S5151	UC	HQ	TG		\$	1.00	\$	1.00	Dollar	Group Respite rates may not exceed the rate paid
Camp	T2036	UC				\$	1.00	\$	1.00	Dollar	for Individual Respite.
Specialized Medical Equi	ipment a	nd Sup	plies								



Supported Living Services

Version: 1.4

Date: 06/17/2019

Effective January 1, 2019-June 30, 2019



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	tate ective 1/2018	Effe	Rate ective 1/2019	Unit Value	Comments
Disposable	T2028	UC				\$	1.00	\$	1.00	Dollar	
Equipment	T2029	UC	F			↔	1.00	\$	1.00	Dollar	
Supported Employment The maximum Supported Employment units per Service Plan year are limited to 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services, which are limited to a maximum of 4,800 units.											
Supported Employment Group Level 1	T2019	UC	HQ			\$	3.23	\$	3.23	15 Minutes	
Supported Employment Group Level 2	T2019	UC	Ξ	HQ		\$	3.55	\$	3.55	15 Minutes	
Supported Employment Group Level 3	T2019	UC	TF	HQ		\$	3.94	\$	3.94	15 Minutes	
Supported Employment Group Level 4	T2019	UC	TF	НІ	HQ	\$	4.56	\$	4.56	15 Minutes	
Supported Employment Group Level 5	T2019	UC	TG	HQ		\$	5.44	\$	5.44	15 Minutes	
Supported Employment Group Level 6	T2019	UC	TG	НІ	HQ	\$	7.11	\$	7.11	15 Minutes	
Supported Employment Individual-All Levels	T2019	UC	НІ			\$	13.33	\$	13.33	15 Minutes	
Job Development Group- All Levels	H2023	UC	HQ			\$	4.25	\$	4.25	15 Minutes	
Job Development Levels 1-2	H2023	UC				\$	13.33	\$	13.33	15 Minutes	
Job Development Levels 3-4	H2023	UC	HI			\$	13.33	\$	13.33	15 Minutes	
Job Development Levels 5-6	H2023	UC	TF			\$	13.33	\$	13.33	15 Minutes	
Job Placement	H2024	UC				\$	1.00	\$	1.00	Dollar	
Job Placement Group	H2024	UC	HQ			\$	1.00	\$	1.00	Dollar	
Vehicle Modifications	T2039	SC				NR*		NR*		Per Mod	Maximum \$10,000.00 for combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations combined per waiver renewal period (07/01/2014-06/30/2019)
Vision	V2799	UC	HI			\$	1.00	\$	1.00	Per Procedure	\$1,000.00 Maximum

Legend						
НВ	To and From Adult Day (HCPSC Defn: Adult Program, non-geriatric)					



Supported Living Services

Version: 1.4 Date: 06/17/2019

COLORADO Department of Health Care Policy & Financing

Effective January 1, 2019-June 30, 2019

Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 07/01/2018	Rate Effective 01/01/2019	Unit Value	Comments
HF	Substance Abuse Program								
HI	Integrated Mental Health/Intellectual and Developmental Disabilities program								
HN	Bachelor's Degree Level								
HQ	Group Setting								
NR*	Negotiated Rate, will vary by client								
TF	Intermediate Level of Care								
TG	Complex/High Tech Level of Care								
UC	Colorado Choice Transitions (HCPCS Defn: Medicaid Level of Care 12, as defined by each state)								

** OF COLOR

Colorado Choice Transitions Effective January 1, 2019-June 30, 2019

Version: 1.0 Date: 12/27/2018



ADJUSTMENT TABLE							
WAIVER TYPE	PERCENTAGE INCREASE	MULTIPLIER					
CCT EBD	1.000%	1.01000					
CCT CMHS	1.000%	1.01000					
CCT BI	1.000%	1.01000					
CCT DD	1.000%	1.01000					
CCT SLS	1.000%	1.01000					
Non-Medical	6.610%	1.06100					
Transportation	6.610%	1.00100					
CDASS Personal Care	5,250%	1.05250					
and Homemaker	5.230%	1.05250					
CDASS Health	1.000%	1.01000					
Maintenance	1:000%	1.01000					
Homemaker	5.250%	1.05250					
Personal Care	5.250%	1.05250					
CCT BI Independent	2.487%	1.02487					
Living Skills Training	2.467%	1.02467					

